APPLICATION FOR USANAF RETIREMENT PLAN AND/OR GROUP INSURANCE PLANS

For use of this form, see AR 215-3; the proponent agency is OASA (M&RA).
Read Privacy Act Statement and instructions on reverse prior to completing this form.

PART I - APPLICATION FOR USANAF RETIREMENT PLAN

1. EMPLOYEE NAME (Last, first, MI,)	2. SEX	3. STANDARD NAFI NO.	4. TRANSACTION CODE
LAST NAME FIRST NAME MI			Must Select One Code
5. COMPLETE MAILING ADDRESS (Include Street, Apt/Unit No., City, State or Country, and ZIP Code) STREET1 STREET 2 CITY ST ZIP		6. SSN (9 Digits, No Dashes)	- -
		7 DATE OF BIRTH Day Month Year	8 REGULAR APPT. DATE Day Month Year

9. SALARY SCHEDULE	10. REGULARLY SCHEDULED HOURS	11. MARRIED	12. TRANSFER DATE Day Month Year	13. TERMINATION DATE Day Month Year
PER ANNUM $	PER WEEK			
	HOURLY RATE $			

14. DESIGNATION OF BENEFICIARY(IES) FOR USANAF RETIREMENT PLAN. If employee is married, beneficiary must be the legal spouse. If spouse is deceased, beneficiary must be dependent children under the age of 18, otherwise, the name(s) stated below will be my legal beneficiary(ies) in case of my death, unless changed at a later date. I revoke any and all beneficiary designation which I have previously made for retirement plan contributions. Include full name, complete mailing address, zip code and date of birth. If more than one beneficiary, designate primary or secondary. Attach additional paper if more space is needed. Sign and date all attachments.

Additional Beneficiary Designations Attached No

BENEFICIARY ADDR CITY ST ZIP DOB

BENEFICIARY ADDR CITY ST ZIP DOB

15. RETIREMENT PLAN PARTICIPATION

PUT AN 'X' IN ONE BOX ONLY

☐ I elect to participate. *Mandatory effective 1/1/2001.*

EFFECTIVE DATE IS THE DATE OF HIRE IN A REGULAR POSITION

☐ I elect not to participate. I understand that no retirement benefits will be available to me because of my NAF employment.

This election only valid after 6 months in regular position

☐ I am a vested transfer employee from USANAF to APF (appropriated fund) and I elect to continue participation in the USANAF Retirement Plan, IAW Public Law 101-508; 104-106. (Must also complete and attach FORM RI 28-110 SF 830-1.)

EFFECTIVE DATE DAY MO YR

☐ I am a transfer employee from one Army NAFI to another. I elect to continue participation in the USANAF Retirement Plan.

☐ I elect to stop contributions. Contributions will remain on deposit until termination of employment.

16. PREVIOUS ENROLLMENT IN A NAFI RETIREMENT PLAN

I was previously employed by a NAFI as a regular full-time or regular part-time employee and I participated in the retirement plan under the following branch(es) of the armed services: (Complete all applicable areas.)

		FROM	THRU
☐	Air Force		
☐	AAFES		
☐	Marines		
☐	Navy		
☐	Navy Exchange		
☐	Coast Guard		
☐	None		

17. PREVIOUS ENROLLMENT IN USANAF RETIREMENT PLAN

I was previously enrolled in the USANAF Retirement Plan ☐

I received a refund of contributions from Army NAF. ☐

DATE OF REFUND DAY MO YR

As a previous USANAF Retirement Plan participant, I am aware that I am eligible to redeposit prior contributions and interest within 2 years of my re-hire date at 3% compounded interest. I do not have to redeposit prior refunds in order to receive credited service actuarially reduced.

22. TYPED NAME, TITLE AND TELEPHONE NO. OF CPU

18. LEGAL SPOUSE DATA

SPOUSE'S NAME (Last, first, MI)

SSN (9 Digits, No Dashes)

DATE OF BIRTH
Day Month Year

ADDRESS IF DIFFERENT FROM EMPLOYEE

DATE OF MARRIAGE
Day Month Year

I authorize deductions from my earnings for the USANAF Retirement Plan. While I am on a LWOP status, I do not make contributions to the USANAF Retirement Plan and I will receive credited service for up to 1 year.

19. EMPLOYEE SIGNATURE	20. DATE SIGNED

21. NAME, ADDRESS AND TELEPHONE NO. OF SERVICING CPU (Include ZIP Code)

23. SIGNATURE OF AUTHORIZING OFFICIAL	24. DATE SIGNED

DO NOT USE - FOR OFFICIAL USE ONLY

DATE RECEIVED	DATE PROCESSED	PROCESSED BY	TRANSACTION TYPE

PART II - APPLICATION FOR USANAF GROUP INSURANCE PLANS

1. EMPLOYEE NAME (Last, first, MI, maiden)	2. SEX	3. STANDARD NAFI NO.	4. TRANSACTION CODE
LAST NAME FIRST NAME MI			Must Select One Code
5. COMPLETE MAILING ADDRESS (Include Street, Apt/Unit No., City, State or Country, and ZIP Code) STREET1 STREET 2 CITY ST ZIP		6. SSN (9 Digits, No Dashes)	OPEN SEASON No
		8. DATE OF BIRTH *Day Month Year*	9. REGULAR APPT. DATE *Day Month Year*

10. SALARY SCHEDULE	11. REGULARLY SCHEDULED HOURS	12. MARRIED	13.a. TRANSFER DATE *Day Month Year*	13.b. TERMINATION DATE *Day Month Year*
PER ANNUM $	PER WEEK			
	HOURLY RATE $			

14. DESIGNATION OF BENEFICIARY(IES) FOR GROUP LIFE INSURANCE COVERAGE. The names designated here will be my legal beneficiary(ies) in case of my death, unless changed at a later date. I revoke any and all beneficiary designation which I have previously made under this coverage. Include full name, relationship, complete mailing address, zip code and date of birth. If more than one beneficiary, designate primary or secondary. Attach additional paper if needed. Sign and date all attachments. YES Additional Beneficiary Designations Attached

BENEFICIARY ADDR CITY ST ZIP DOB

BENEFICIARY ADDR CITY ST ZIP DOB

15. GROUP MEDICAL AND DENTAL INSURANCE ELECTION

COVERAGE BEGINS ON DATE EMPLOYEE SIGNS FORM WITHIN 31 DAYS OF HIRE (EXCEPT OPEN SEASON CHANGES)

CLICK ON THE BOXES THAT APPLY

☐ I do not want group medical and dental insurance.

☐ I request participation in the Insurance plan stated here: ☐☐☐☐

THIS ELECTION MAY ONLY BE CHOSEN WITHIN 31 DAYS OF HIRE OR ELIGIBLE STATUS OR DURING THE OPEN SEASON PERIOD.

☐ I request change from: ☐☐☐☐
to plan: ☐☐☐☐

☐ I am a transfer employee and I elect to continue participation in or change to:

If I am using pre-tax for my medical premiums, I must have a qualified life event to be eligible to change. This election may also be used when transferring employment . See Item 4, code 02 on instruction sheet.

CHANGE MEDICAL PLAN TO: ☐☐☐☐

☐ I request cancellation of medical coverage.

I may only make this election at separation or during open season or a qualified life event, if my premiums are being paid with pre-tax dollars. My premiums will be paid with pre-tax dollars, unless I elected NO at enrollment or open season.

☐ I decline payment of medical premiums with pre-tax dollars.

(See instructions on reverse side for explanation of this election)

16. GROUP LIFE INSURANCE ELECTION

COVERAGE BEGINS ON DATE EMPLOYEE SIGNS FORM WITHIN 31 DAYS OF HIRE (EXCEPT OPEN SEASON CHANGES)

CLICK ON THE BOXES THAT APPLY & USE DROP DOWN MENUS

☐ I DO NOT WANT GROUP LIFE INSURANCE

☐ LIFE INSURANCE ELECTION

Basic Life Insurance cannot exceed $250,000.

One unit of dependent life ($5,000 spouse/$2,500 each dependent child) is included at no charge in your basic life insurance election (code A OR B)

☐ I ELECT OPTIONAL LIFE NONE

Optional Life insurance may be up to 2 times the amount of your basic life insurance election (Code A or B above), in multiples of $10,000, not to exceed $500,000. (Optional over $250,000 requires Evidence of Insurability.)

☐ I am a transfer employee from one Army NAFI to another and I elect to continue my current coverage in this life plan.

☐ I request cancellation of life insurance coverage.

17. DEPENDENT DATA (Attach additional paper if more space is needed.)
Codes: H=husband; W=wife; S=son; D=daughter

LAST NAME	FI	CODE	SSN	DATE OF BIRTH

I authorize deductions from my earnings for the insurance elected. If I am on a LWOP status, my employer will pay my premiums NTE 1 year. I am responsible for paying LWOP premiums back to my employer as arranged with me by my employer.

18. EMPLOYEE SIGNATURE	19. DATE SIGNED

20. NAME, ADDRESS AND TELEPHONE NO. OF SERVICING CPU (Include *ZIP code)*

21. TYPED NAME, TITLE AND TELEPHONE NO. OF CPU

22. SIGNATURE OF AUTHORIZING OFFICIAL	23. DATE SIGNED

DO NOT USE - FOR OFFICIAL USE ONLY

DATE IMAGED	DATE PROCESSED	PROCESSED BY	TRANSACTION TYPE

DATA REQUIRED BY THE PRIVACY ACT OF 1974	
AUTHORITY:	Internal Revenue Service Code, Section 401 (a).
PRINCIPAL PURPOSE(S):	To enroll USANAF regular employees in the Army NAF Benefits Program & to update their records once enrolled.
ROUTINE USES:	To establish and maintain records of eligible participating and former participating USANAF employees. To furnish verifying data to the commercial Insurance companies which actually pay claims. To prepare bills to NAF activities monthly to collect the employee and employer contributions.
DISCLOSURE:	Disclosure is voluntary. Failure to provide information will result in employee not being enrolled in the Army NAF Benefits Program

INSTRUCTIONS FOR COMPLETING DA FORM 3473, PART I

(Also see Morale, Welfare, and Recreation Update 215-3, Chapter 15)

SEND COPIES TO: USANAF EMPLOYEE BENEFITS BRANCH, P.O. BOX 107, ARLINGTON, VA 22210-0107
AND YOUR SERVICING PAYROLL OFFICE.

ITEM

1. Enter Last Name (TAB), First Name (TAB), Middle Initial (TAB).

2. Select Sex from the drop down box (TAB)

3. Enter Standard NAFI Number (SNN) assigned in accordance with AR 215-1, Appendix F. (TAB)

4. Transaction code. Select Transaction Code from the drop down box. (TAB)

01 - New enrollment. (Complete DA 3473, Part I, Effective 1/1/2001, participation is mandatory for the first 6 months of regular employment)

02 - Transferred employee. (Gaining NAFI only completes this transaction to ensure continuance of retirement.)
Losing NAFI not required to complete this form, but a copy of DA 3434 is still required.

03 - Reinstatement/Reemployment. (Complete DA 3473, Part I, Effective 1/1/2001, participation is mandatory the first 6 months after re-hire.)

04 - Termination of employment; change from regular appointment to a non-qualifying appointment. (Attach DA Form 3715-R when applicable.) DO NOT USE THIS CODE FOR TRANSFERS OF EMPLOYMENT FROM ONE ARMY NAFI TO ANOTHER (SEE CODE 02).

06 - Stop retirement contributions.

11 - Change or correction of name and/or address.

19 - Correction of social security number.

21 - Employee in LWOP status, employee contributions will stop. LWOP NTE one year, employee continues to earn creditable service.

23 - Change of retirement plan beneficiary. (If married, beneficiary must be spouse if married longer than 1 year.)

25 - Re-enroll in USANAF Retirement Plan. (Must wait 2 years from opting out of the retirement plan to be eligible to rejoin).

5 through 7. Use the TAB key after each entry. Select appropriate dates from the drop down boxes.

8. Enter earliest date in eligible status. (TAB)

9. Enter annual salary. (TAB)

10. Enter number of hours regularly scheduled and hourly rate. (TAB)

11. Select Yes or No from the drop down box. (TAB)

12. Complete this field using the drop down box, only if employee is transferring in from another Army NAFI. (TAB)

13. Select date from the drop down boxes. Complete when separating employment or converting from a regular position to a flexible position. (TAB)

14. See instructions on front of form. If not married and/or no dependents and additional beneficiaries are designated, list them on separate paper. Employee must sign and date beneficiary designations, select "Yes" on the front of this form. (TAB)

15 and 17. Refer to administrative manual. Effective 1/1/2001, participation is mandatory for new hires/re-hires for 6 months. Effective date is the first day employee is hired in a regular position. Current employees may elect participation at any time, effective date is the date the form is signed by the employee. Deductions will begin the first full pay period on or after date of election.

18. Must be completed by employee if married or separated.

19 through 24. Employee signature date must be selected from the drop down box. Self Explanatory

INSTRUCTIONS FOR COMPLETING DA FORM 3473, PART II

(Also see Morale, Welfare, and Recreation Update 215-3, Chapter 15)

SEND COPIES TO: USANAF EMPLOYEE BENEFITS BRANCH, P.O. BOX 107, ARLINGTON, VA 22210-0107
AND YOUR SERVICING PAYROLL OFFICE.

ITEM

1. Enter Last Name (TAB), first Name (TAB), Middle Initial (TAB)

2. Select Sex from the drop down box (TAB)

3. Enter Standard NAFI Number (SNN) assigned in accordance with AR 215-1, Appendix F. (TAB)

4. Transaction code. Select Transaction Code from the drop down box. If 2 transaction codes are needed, use the second drop down box. (TAB)

00 - No enrollment. (Complete DA 3473, Part II, for all new eligible employees who elect not to participate.

01 - New enrollment. (Complete DA 3473, Part II for those who elect medical or life insurance coverage.

02 - Transferred employee. (Gaining NAFI complete DA 3473, Part II, and put date in 13a.) Gaining NAFI and employee must show continuing participation in medical plans on this form. Employee may change from the DoD Health Benefit Plan (DoDHBP) to an HMO, if the HMO was not at the losing NAFI, or change from an HMO serviced at the losing NAFI, to the DoDHBP at the gaining NAFI.

03 - Reinstatement/Reemployment. (Complete DA 3473, Part II, for all eligible rehires.)

04 - Termination of employment; change from regular appointment to a non-qualifying appointment.
DO NOT USE THIS CODE FOR TRANSFERS OF EMPLOYMENT FROM ONE ARMY NAFI TO ANOTHER (SEE CODE 02).

05 - Request Medical and/or Life Insurance; add dependent coverage (eligible within 31 days of acquiring first dependent or date of *marriage); delete dependent coverage; cancellation of medical insurance and/or life insurance; change in amount of life insurance; open enrollment changes; deleting or adding coverage due to qualified life events for Sections 125 participants; cancel coverage for non-Section 125 participants.*

11 - Change or correction of name or address.

19 - Correction of social security number.

20 - Employee in LWOP status, employer pays employee and employer premiums, NTE 1 Yr.

21 - Employee in LWOP status, employee and employer contributions will stop. Insurance coverage suspended for duration of LWOP *NTE one year.*

22 - Change of life insurance beneficiary. (Use DA Form 3473, Part I, to change retirement beneficiary.)

25 - Employee declines Section 125 pre-tax medical premiums.

5 through 8. Self Explanatory. Use the TAB key after each entry. Select appropriate dates from the drop down boxes.

9. Enter earliest date in eligible status. (TAB)

10. Enter annual salary. (TAB)

11. Enter number of hours regularly scheduled and hourly rate. (TAB)

12. Select yes or no from the drop down box. (TAB)

13a. Complete this field using the drop down box, only if employee is transferring in from another Army NAFI. (TAB)

13.b. Select date from the drop down boxes. Complete when separating employment or converting from a regular position to a flexible position. (TAB).

14. Employee may elect more than one primary beneficiary. Proceeds will be divided amongst primary beneficiaries. If additional paper is attached to designate beneficiaries, employee must sign and date beneficiary designations on separate form. Select "Yes" on front of form.

15 and 16. Effective date for the DoD NAF HBP, HMOs, and Group LIfe Coverages will be the date the form is signed by the employee within 31 days of hire. (except for open season or limited open season elections). Employee must work 1 full day on or after coverage effective date, for coverage to be effective. Premiums will begin on the first day of the first full payperiod, on or after the date the form is signed. Form must be completed by all new eligible employees. Employee should check Leave and Earnngs Statement for correct coverage deductions. Basic Life Insurance cannot exceed $250K. Optional cannot exceed $500k. Life coverage may be elected at any time, provided the employee can prove evidence of insurability. Eff. 1 JAN 01, all employees pay medical premiums with pre-tax dollars, unless they elect otherwise. Life Insurance premiums are NOT pre-tax.

17 through 23. All fields required to be completed. Self Explanatory